

REQUEST FOR INFORMATION

To: _____

Address: _____

We need the following information to determine/redetermine your eligibility for cash food medical child care assistance. The items marked below must be provided no later than:

If you do not provide the required information, your:

Application will be denied.

Assistance case will be closed.

Assistance will be reduced

Assistance case will be suspended

Please supply us with the following information (note items checked):

Complete application/review form.

We will call you for an interview
at _____
on _____

Proof of child or dependent care expenses

Birth verification and one other piece of identification for:

Proof of application for: _____

Proof of saving and/or checking account balance(s).

Social Security Number (SSN) and/or proof of applying for an SSN for: _____

Verification of life and/or burial insurance, including policy name, number, year of issue, face value, and cash surrender value for each policy.

Pregnancy verification with due date.

Health insurance policies and policy number.

Proof of citizenship or alien status for: _____

Rent or mortgage receipt(s) for the month(s) of: _____

Doctor's statement for: _____
including the nature of the disability and length of time unable to work. (Use agency form if attached.)

Landlord's name, address, and phone number.

Paycheck stubs or a signed statement from _____ showing total earnings, number of hours worked, how much paid per hour, and dates paid for the month(s) of: _____

Property tax statements and homeowners insurance premium for the year: _____

Daily schedule of child care needed for each child. (use agency form if attached.)

Statement of household composition, including total number of persons living in the household.

Name of child care provider selected.

Proof of school enrollment for: _____

Proof of self-employment income and expenses for the month(s) of: _____

Medical bills for the month(s) of: _____

A benefit letter or other proof from: _____
that shows the monthly income for each member of your household that receives it.

Proof of child support paid in the month(s) of: _____

Proof of child support and/or alimony received in the month(s) of: _____

Other: _____

If you have any questions or if you need assistance in obtaining any of this information, call: _____ at _____

Local Office _____

Signature/Date _____